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FEC FORM 1

STATEMENT OF **ORGANIZATION**

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Office, Use Only CFNTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5				
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ADDRESS (number and street) 【 (Check if address is changed)	PO BOX 270:	3					
		<u> </u>					
	Fi a ri gi q		N.D				
COMMITTEE'S E-MAIL ADDRES	SS						
(Check if address is changed)	Ljuarci ki fi or ri nidi	@gmail.ıcюım					
is situating so,	Optional Second E-Mail Address						
		1 1 1 1 1 1 1 1 1 1 1					
COMMITTEE'S WEB PAGE ADD (Check if address is changed) 2. DATE M M M / D OC 3. FEC IDENTIFICATION NO. 4. IS THIS STATEMENT	ijajcikifioirinid	be assigned AMENDED (A)					
I certify that I have examined the	is Statement and to the best	of my knowledge and belief i	t is true, correct and complete.				
Type or Print Name of Treasure	Jeff Nelson						
Signature of Treasurer	Mule		Date 06 06 2014				
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g. VITHIN 10 DAYS.				
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact: FEC FORM 1				

Local 202-694-1100

FEC FOI	m 1 (Revised 02/2009)		Page	2
TYPE OF C	DMMITTEE			
Candidate	Committee:			
(a) V	This committee is a principal campaign committee. (Complete the candidate infor	mation belov	w.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign coinformation below.)	mmittee. (Co	mplete the car	ndidate
Name of Candidate	Liack Seaman .			
Candidate Party Affiliation	Office Office House Senate	President	State N	
raity Ailillau	Sought. V House Senate	riesident		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized	committee.		
Name of Candidate		1111	1111	
Party Com	_			
(d)	(National, State This committee is a or subordinate) committee of the		(Democratic, Republican,	
Delisioni A	chion Committee (DAC)			
	ction Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization or	i line 6.) Its c	onnected orgar	nization is
	Corporation w/o Capital Stock		Labor Orga	anization
	Membership Organization Trade Association		Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.			
(f)	This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee)	a separate	segregated fur	nd or par
	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	1		
Joint Fund	raising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a federal committee of			olitical
(h)	This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal care	proceeds for adidate.	two or more po	olitical
Com	mittees Participating in Joint Fundraiser			
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any designated agent (e.g., assistant treasurer).

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Fargo

CITY

Full Name

of Treasurer

Mailing Address

Title or Position

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

STATE

Telephone number

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40 BOX 2703 Forgo, NO 58108

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(8/2013)

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